To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

the paper with full knowledge of its content on the date indicated opposite his or her name, I know their respective residences given. L support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

Return Commi

Email

T	HE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		Madiso
PRI	NTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
1. Ka	rl Ballagh	Hard Ballough	Street: 1352 Birchipport Las. City: Hand Green Wizip: 53811	Village City Vinestewn	///7/20_11 (Month) (Day) (Year)	Email Phone)
2.	JanePickel	gare Picked	Street: 3666 maple It. City: Kielen WI zip: 53812	Village City	11 20 11 (Month) (Day) (Year)	Email Phone)
3.	Julia A Pickal	Julia Puli	Street: 1344 Entrold Tr	□ Town □ Village □ City Son Prairs	11 /2 4/20 <u>11</u> (Month) (Day) (Year)	Email Phone)
	ohn T. Hockia	Of T. Harling	Street: 2222 E/M ST BOXT City: Kieler, Wisc. Zip: 53812	XTown Uvillage City Jameston	// /29/20 (Month) (Day) (Year)	Email Phone)
	an Budden	gr B.U.	street: 1505 18 LA street City: Hazel Green zip: 53811	© Town City Haze Green	11 /29/2011 (Month) (Day) (Year)	Email Phone)
6.	3 ob Brands	Bob Brandt	Street: 1395 FRONT AGE RU City: HARE CREEN ZID: 538 11	Stown Ovillage JAZA to MX	// /29/20 <u>/</u> (Month) (Day) (Year)	Email Phone	
7. Kei	WETH JPICKEL	Kennet Cricket	Street: 3563 Celu Ct City: Xieler Wi zip: 558/2	Octy James Lown	/3/5/2011 (Month) (Day) (Year)	Email Phone)
8. JQ:	sice Pidel	X-secont Ridu	Street: SpleWWarle St. City: City: Steller W. Zip: 53 8/2	Ocity American	12/5/2011 (Month) (Day) (Year)	Email Phone)
9. A	ndrew Richard	andy Juhan	Street: 745 Union 197 City: Plattpuille zip: 53818	Town Plateville	12/5/2011 (Month) (Day) (Year)	Email Phone)
10.	Blake J. Pickel	Blek t. Parl	Street: 1245 21st St. City: Hazel Green, Wtzip: 53811	Town Hazel Green	//2/20 <u>12</u> (Month) (Day) (Year)	Email Phone	
I,	Joseph Bass	Certification (certification		D Smelser			
I personally circul	(Name of Circul	ator)	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the				tors, please

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Comm

Phone

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					PO Bo Madiso
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. William	Willam	Street: 798 Le Boy Ln	□ Town	11/2/2011	Email WS+44ess
Stuessel	Stress	City: Biver FALLS Zip: W.S.	Notinge A City River FALLS	// 21/20_1/ (Month) (Day) (Year)	Phone (215) 4
Alyssa Matzek	Musea Warrell	Street: 1380 134th Ave.	Town New	11/21/2011	Email alyssa. Mat
1		CHY: NEW RICHMOND ZIP: 54017	Acity RICHMONIA	(Month) (Day) (Year)	Phone (507) 2
JONALEE BUCKEL		street: 960 Marjorie Street	☐ Town	11 /22/2011	Email Cbucketa
OUNTION DICHEL	N. X.	city: Hannard 21) 21p. 54015	City Hammand	(Month) (Day) (Year)	Phone (715) 7
Chance Langeness	77.7	Street: 1315 Meadowlark L1.	Town New	11/24/2011	Email hancel
Criance Lungences	0	cay: New Richmond zip: 54017		(Month) (Day) (Year)	Phone (715) 2
5.	Roadio	Street 1255 2 nd St	□ Town	11/22/2011	Email .
Inne Becker	Jane Berker	City: Hammind W1 21p. 54015	Total Hammond	(Month) (Day) (Year)	Phone (7/5) a
Aimee Bohatta	Annie Bolatta	Street: 673 NOYTON St.	□ Town	11/20/20/11	L Compile 1
TIMEC MICE.	AMMEDIA	City: Hammond 21, 54015	Village Hammond	(Month) (Day) (Year)	Phone (715) 3
7.17.1-	1/1 1	Street: H40 Hazel Court #2	□Town	11/22/2011	Email
Ratina Johnson	Hattura Johnson	city: Uldson WI zip 54016	Village Hudson	(Month) (Day) (Year)	Phone (719 8
8.	111	Street: 991 166th St.	□ Town	11/22/2011	Email Gary 86
Gary a. Larson	Lay a. Javen	cny: Hammond WI zip: 54015	City Hammond	(Month) (Day) (Year)	Phone (7)5) 7
9.		Street: 991 166th St	ПТомп	11/24/2011	Email
Carolm Larson	Vaiol Laison	Jammond, WI 24,54015	Ocity Nammond	11 / 20 20 11 (Month) (Day) (Year)	Phone (115)
10.	1 (\ 1)	street: 1315 Meadowlak Lane		1/22/2211	Email
Jessica Langeness	Jargenen	city: New Richmond W zip: 54017	Town Williage NCW Richmond	11 / 22/2011 (Month) (Day) (Year)	Phone (715) 2
		of Circulator	. 0 .	1 ,	
Kathleen Brossr	MCR, (cert)	tify): 1 reside at 1899 Cty RACC	New Kichm	2010 54017	Circulators please

(Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Signature of Circulator) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

(Day)

(Month)

(Year)

IING	CON	T
	Email	
ar)	Phone ()	
	Email	
ar)	Phone (
))	Email	
ar)	Phone ()	
) <u>//</u> _	Kristine be	h
ar)	(4/4) (Email	2
<u>//</u>	Phone	
ar)	() Email	
)	Phone	
ar)	() Email	
) <u>[[</u>	Phone	
)	Email Asin	n
ar)	Phone ()	
<u>II</u>	Email Dioncaux Phone	1
ar)	Email ()	
) <u> </u> ar)	Phone	
,	()	

Retu

Com

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	Mad
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
Marcel Roberts	Marry Molaret	street: 202 E. Townsend City: Milwaykee zip: 53212	Town Uyillage WCity Milwak KCC	1 /20/20_11 (Month) (Day) (Year)	Email Phone
Marissa Dutcrak	Maissatutopek	street: 2804 W. Lincoln Ave City: Milwaukee zip: 53204	Town Village City Mil Waukee	// 20/20// (Month) (Day) (Year)	Email Phone
Diane Hill	Merica NII	Street: 4020 S. KingAn City ST FRANCIS Zip: 52235	Town Village City M Waukee		Email Phone
4. Kristine Evans	Muste Even	Street: 3008 5. 50th 5] City: Milwauker WI zip: 53219	Town Village Village Welly arkel	/ /20//_ (Month) (Day) (Year)	Email Kristing bo Phone (4/4)
5. Cheedle Hopeis	Murle Ylavois	Street: 1731 W KORRE City: W. IWANGE Zip: 53206	Town Village City Milwaukee	11 /21/20	Email Phone
Eva Henning	tous Henning	Street: 5947 N.749 St City: Milwaukee zip: 53218	Town Uvillage PCity Melwaukee	11 21/20 (Month) (Day) (Year)	Phone ()
7. Parel Pare	hough laye	Street: 2613 N 4th City: Milwaukec zip: 33209	Town Uvillage Strity Workel	/al/2011 (Month) (Day) (Year)	Phone ()
Susan Heller	Dran Milh	Street: 2845 N. 4484 City: MOL 219: 53210	Town Village Milway Lee	(Month) (Day) (Year)	Phone ()
Panca waaht	Tonca that	Street: GMAN LOVERS IN #5	Town Village Melwarkee	Month) (Day) (Year)	Email Dioricator Phone
Antoine Henrim	ciatare Months	Street: 11059 W Hampton 53225 City: m) I way ker zip:	Town Utillage City Milwerker	1 /21/2011 (Month) (Day) (Year)	Phone ()
Catricia Goodm	Certification (St. Milwank d Number) (Circulator N		Circulators, plea
ersonally circulated this recall petition and personally obtain	ained each of the signatures on this paper. I know that to cated opposite his or her name. I know their respective	he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know th	nat each person signed	Phone
O/1/2 /20/2	Catricia 60	odna	Page No. (O	fficial Use Only)	Eman

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

Return b

Committ PO Box

Phone

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	iviauis
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. AIFREDS. HANSON	Alfred S. Hanson	Street: W21361 St. Rd-95 City: Areadia Wis. 21p: 54612	Town Village City Arcadia	/////20// (Month) (Day) (Year)	Email Phone (608) 37
2. MHRTHA B HALAMA	Martha B Haling	Street: N41858 STATE RA93) City. Independence Zip. 54747	Trown HALE City	// //7/20_// (Month) (Day) (Year)	Phone (7/5)
William J Leonard	Woln J. Sul	Street: W/3351 Hager Rd City: OSSES zip: 54758	ØTown □Village □City Hile	// //8/20 <u>//</u> (Month) (Day) (Year)	Phone (7/5)
KENNETH H ENGEL	Semeth H Erger	Street: 10/7334 Helpeson Fol-	Sown □ Village □ City □ City	(Month) (Day) (Year)	Phone (715) 6
Rose Fullmer	Gase Tullmer	Street: W18846 Lund Rd City: Strum Wis zip: 54770	FTown ☐ Village ☐ City Hale	11/15/20(Month) (Day) (Year)	Phone (7/5)
Alan L. Fullmer	alanto Fallmer	Street: W18846 Jund Rd City: Strum W1 zip: 54770	W Town Uillage Hak	11 /18/20 <u>11</u> (Month) (Day) (Year)	Phone (7/5)
June Nelson 8.	June Nolson	City: E con closer 2 zip: 54703	Town City Cow Clark City Cow	2/21/20 <u>11</u> (Month) (Day) (Year)	Phone (7)5) Email
Marianne Neidermy	er Mariame needermyer		Town Willage Menomonie	Month (Day) (Year)	Phone (7 15) 2
Vames Sulliva	James Sither	Street: 504 Fang of	Town Village Can Clair	(Month) (Day) (Year)	Phone (715)
10.	<i>y</i>	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
NUKMAN FROS	7 F T 1 1	tily): I reside at		EHALL	Circulators, please
(Name of Circ		(Circulator's Residence - Street name a	nd Number) (Circulator	Municipality)	Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Commi PO Box

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						Madiso
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1. David Praschak	D'D Prade	Street: 1941 Sicard La	□ Town □ Village □ City	/2 /5 /20 11 (Month) (Day) (Year)	Email Phone	
Debora Cardell	Dolana Pardoll	Street: 2231 Donegal Ct	Town Hudson	12/5/2011 (Month) (Day) (Year)	Email Phone	
3.	O Carrier Carrier	Street: 7-44 72ml St	Town Comerset	12/17/20//	Email Phone)
Albert Vassovo	liver	Street: 2945 Huy 35	Town	(Month) (Day) (Year)	Email	
5. Yer Sallargeon	4/4 Bulley	city: Somerset WI zip: 5425		(Month) (Day) (Year)	Phone (Email)
Sharon Kroll	Spain Kroll	Street: 736 72nd St. City: Somercet WI zip: 54025	Down Village City Some set	/ / 4/2012 (Month) (Day) (Year)	Phone ()
MicHAEl KROLL	While thall	street: 736 72 Nd St- City: Somers et Zip: 54025	Town Village Somerset	1/4/201Z (Month) (Day) (Year)	Email Phone)
Cal Wilson	Messay	Stroot-1980 60th Ave. City: O5Ceola, WI zip: \$10.22	Town	/6/2012 (Month) (Day) (Year)	Email Phone)
8. Hanna Nuuman	Hanna Nuunjan	Street: 1936 104 m St City: New Econmond Zip: 16W S4017	Town Stur	1/6/20 <u>12</u> (Month) (Day) (Year)	Email Phone)
9. Richard Ballargeon	Rich Baillann	Street: 738 - 72 m st City: Somers at zip: 54025	Prown O'Village City Somerset	/8/20 <u>12</u>	Email Phone	
10.		Street: Citv: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
Caran L. Bui		of Circulator tify): I reside at 138 13nd St. (Circulator's Residence - Street name and	Somerset	Township Municipality)	Circula	ators, please

pality)
preson signed
property, please
p

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan (Month)

(Day)

<u>20 [→</u> (Year)

Saillargion (Signature of

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

Return Commi

	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALE		THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA		
Joan Belken	Ju Belka	street: 213 S. Lincoln St City: Cuba City WI zip: 53807	Town Village Cuba City	// /b/20_// (Month) (Day) (Year)	Email Phone ()		
Jason Lee Johnson	n Jasen Johnson	Street: 1030 Keep St City: Darlington zip: 53530	Town Willage Darlington		Email cumpho Phone (bos) 7		
Barb Temperly	Barb Tempenty	Street: 1110 Fairplay St. City: Hazel Green W. zip: 53811	Town Willage Hazel breen	///4/2011 (Month) (Day) (Year)	Phone ()		
RONALDRUNG	3 = Ronald Reent	Street: 1915 OHKST BOX86 CHAZEL GREEN ZIP: 53811	City Haze 10-14EM		Phone ()		
Pat Rynds	E Pat Russe	city: Hazel Green WI	Town Hazel Freey	\\ \\ \/\(\sqrt{20_11}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Phone ()		
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)	Phone ()		
7. Jane Borcherdine	ancoralerona	street: 2015 Oak Stinest city: Hazel Green zip: 53811	Town Willage Hazel Green	// //6 / 20 // (Month) (Day) (Year)	Phone ()		
8. Kenti Borcherding	Ken Bonherdin	street: 2015 OAK ST city: Hazel Green zip: 53811	Town Village Hazel Green		Phone ()		
Counie Horry	Connie Harr	street: 38260 Harry city: Platteville Wizip: 538/8	Mortown Sme/Sep □ Village □ City	1///d/20_// (Month) (Day) (Year)	Phone ()		
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()		
(Name of Circulated this recall petition and personally ob paper with full knowledge of its content on the date indi	culator) obtained each of the signatures on this paper. I know that t	rtify): I reside at 42-80 County (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	nd Number) (Circulator Me officeholder named in this petition. I know the	Municipality) that each person signed	Circulators, pleas Phone (Email		
$\frac{1}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	3 37 JPm	(Signature of Circulator)	0.002	(f)ca Use Only)	Linan		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commi PO Box Madiso

THE MUNICIPALITY USED FOR MAILIN	(G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.	Madis
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. PAT Fleege	Pat Fleege	street: 1404 Fairplay Rd City: Cuba City W/ zip:53807	Urown Village JAMESTOWN		Email fleege, Phone (608) &
2. Dar DeeSmith	Deeleelmuh	street: 970 York Rd City: Kazel Green WI zip: 538//	D'Town Village Green		Email Phone ()
Jason Mootz	Josen ments	Street: 511 N Jackson St City: Cuba City, WI zip: 53804)	Town Quillage Uba City	(Month) (Day) (Year)	Email Phone ()
4. GREGORY KERN	Aug Ku	Street: 412. W. DEWEY St City: CUBA City Zip: 53807	□ Town □ Village	// //6 /20// (Month) (Day) (Year)	Phone ()
5. Emily Lange	Emily Lauge	street: 383 Arbor St city: Benton zip: 53803	☐ Town ★Village 1/2	/ /	Phone ()
" RYAN KERN	Aller	street: 412 W. Dewey St. City: Cusa City, WIZID: 53807	Town Village Cuba City	// // // 20]] (Month) (Day) (Year)	Phone ()
7. Kate Kern	Kate Kein	Street: 412 W Dewey City: Cuba City WI 21p: 53807	Town Village C. L. O. J.	[(/ / / 20 <u> </u>	Email Kern – Ka Phone ()
8. Kale Kern	the	Street: 412 W. Davey St. City: Caba Csty, WT zip: 53807	Trown Uvillage Other	11 /16/20 <u>1/</u> (Month) (Day) (Year)	Email Rernky@ Phone ()
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ()
	Sussemble 5, (certification), (certifica	rtify): I reside at(Circulator's Residence - Street name and at the signers are electors of the jurisdiction or district represented by the	and Number) (Circulator I the officeholder named in this petition. I know the		Circulators, plea
	dicated opposite his or her name. I know their respective	we residences given. I support this recall petition. I am aware that falsifying	ing this certification is punishable under S.12	13(3)(a), Wis. Stats.	Email

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

the paper with full knowledge of its content on the date indicated opposite this or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Month)

(Day)

(Year)

Retur Comn PO Bo

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		Mad
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONT
Mark D. Peper	Mark D Peger	Street: 1262 2004 AV City: May Bi chmond in 54019	Town Stak O City Prairie	12/16/2011 (Month) (Day) (Year)	Email Phone	
Erin Baillangeon	em wannang	street: 307 Etryhes St Chy: New Richmond zip: 54017	Town Uyillage New Richmond	12/17/2011 (Month) (Day) (Year)	Email Phone)
3. Bruce Bailbargeon	Brustallager	Street: 3075 HUO-MES AUE City: NR WI Zip: 54017	Town Village Ocity Non Bechnow	t = 1/20 (1) (Month) (Day) (Year)	Email Phone	
1. Israel Neumann	AM	Street: 339 W 15+54 City: New Richmand Zip: 54017	Town Ovillage PCity New Richman	12/27/2011 (Month) (Day) (Year)	Email Phone	
5.	Dera neman	street: 339 West 18t St.	Town Village New Richmond		Email Phone	
Jordy Leisz	27	street: 339 w 154 Street City: Ven Richmond zip: - 25407	☐ Town ☐ Village	12/28/20 <u>11</u> (Month) (Day) (Year)	Email Phone	
Robin Zauft	Robin zauft	Street: 875 29th St. City: Clayton, Wl zip: 54004	M Town □ Village	12/28/20// (Month) (Day) (Year)	Email Phone	
8. Bary Zauff	Dany Rzauft	Street: 875 29h St. City: Chuy fon W Zip: SYOVY	to Town Village Clayfor	12/28/20/((Month) (Day) (Year)	Email Phone)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone)
Deena Neuma	Certification (certification)	<u></u>	treet Cityon	Jew Richmo	ind	latoro 1
(Name of Circu	ulator) stained each of the signatures on this paper. I know that	(Circulator's Residence - Street name an the signers are electors of the jurisdiction or district represented by the	nd Number) (Circulator I) e officeholder named in this petition. I know the			lators, plea. Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Comm PO Bo

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					Madis
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Dubbic J. Steveno	abbied. Stevens	Street: 3070 County Rd. E City: Glonwood City zip: 54013	Town Village City Spring File	/ /8 /20 (2 (Month) (Day) (Year)	Email Phone (プゟ) る
Isam Stavers	Donn Steven	Street: 3070 Cto R. E City: Manuscrite W zip: 54013	☐ Town ☐ Village	(Month) (Day) (Year)	Email
Heather J. Clark	WALL	Street 2302 Hwy 46 City: Dell Phek USI Zip: 54007	Stown Clyan City		Email SKUDQ(e Phone (k/2) 7
Donna J. Warner	Donna Warner	Street: 1675 280m St. City: Glennood City zip: 54013	Town Village City Glenwood	1 /8/20 12 (Month) (Day) (Year)	Phone (715) 2
Donald H Warner	Donald HWarner	Street: 2841 176 TH AU City: 6 10 M wood City Zip: 54013	☐ Town ☐ Village	/8/2012 (Month) (Day) (Year)	Phone (7/5)
Connie warner	Connie Auxaner	Street: 2941 170th Ave City: Glanwood (1 ty zip: 54013	Datown City Clay	/9/20 <u>12</u> (Month) (Day) (Year)	Phone (7/5)
7. Cindy Warnen	Cink Clarker	Street: 1662 28 th ST City: Clenwood City, W zip: 54013	Town Village Clenated	1/8/20/2 (Month) (Day) (Year)	(7/5)
Michael Warrer	grichauf A Warnen	Street: 1662 250 NGT City Glenwood City W1 Zip: 54013	D'Town Village City Glen wood	/ /8/20 <u>4</u>	Phone (7/5)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
	Certification of	of Circulator			
Debbre Stevens , (certify): I reside at 3070 (curry Rd. E Gloward City (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)					Circulators, pleas

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commi PO Box

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPAL!	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	JICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	L M	ladisc
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	cc	ONTAC
1. HelenShellenberger	Helen Shellenbergen	Street: 2035 Mc clain Sn F 4 City: Hazel Brean wi zip: 53811	Town City Hazel Green	/ 1 / 17/20 (Month) (Day) (Year)	Email Phone)
HeLenshellenberger 2. Paul SHELLENBERGER	Shellenbeger	Street: 2035 mrs clien LN 44 City: Ingol Mrcon W1 zip: 53811	Town Nowillage City Hazel Green	/// 1/20_1(Month) (Day) (Year)	Email Phone)
RALPHESSLIB	Roope Hesslin	Street:) 7 th 5+ BOY 33/ City: Hazel Streen in Zip: \$ 811	Town M Village Hazel Green	11 //8 /20 // (Month) (Day) (Year)	Email Phone)
		Street: 326 Inlave City: Benton WF Zip: 53803	Town Dr Village City	///8/20 <u>11</u> (Month) (Day) (Year)	Email Phone)
		Street: 1705 18th 5t City: 11ana) Green zip: 53817	Town De Village Huzel Green)) // 8/20_// (Month) (Day) (Year)	Email Phone)
6. LYNN LOWIENCE	Lym Fourier	Street: Hozel Green 538/1	Town Hazel Green	///B/20/// (Month) (Day) (Year)	Email Phone)
7. Die Ripprock	Jof/11	Street: P.C. Box 59 City: Hazel Green, WI zip: 53811	Stown Otiliage Hazel Green	11/18/20	Email Phone)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone)
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
TO SEPH Baz (Name of Circul ersonally circulated this recall petition and personally obta	ulator) tained each of the signatures on this paper. I know that the	of Circulator tify): I reside at 4280 Ounty Residence - Street name and the signers are electors of the jurisdiction or district represented by the	nd Number) (Circulator Management of the Circulator Management of the Circ	Municipality) that each person signed	Circulators,	, please
paper with full knowledge of its content on the date indic	:ated opposite his or her name. I know their respective;	e residences given. I support this recall petition. I am aware that falsifyi (Signature of Circulator)	[2.13(3)(a), Wis. Stats.	Email	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I,

(Month)

(Day)

(Year)

Return Commi PO Box

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	Madiso
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Nancy Berning	Nancy Berning	street: 1710 Main City: Hazel Green, zip: 53811	Town Village Hazel Green	// /7/201_ (Month) (Day) (Year)	Email Phone
2. CAROL Helbing	Carol Helbing	Street: 1420-23005+ City: HAZEL Green S3811	Town Willage Hazel Green	// // 20// (Month) (Day) (Year)	Email Phone
JAMES EGAN	Jones Egn	street: 961 Whispering Lawe City: Hazel green zip: 53811	ØJown □ Village □ City JAMESTO WN	11 /22 /20 11 (Month) (Day) (Year)	Email Phone
*Catherine Rice	Colle Ri	Street: S6327 StateRd 154 City: Hill Philat, WI zip: 53937	Town Willage Hill Point	// /24/20_//_ (Month) (Day) (Year)	Email Phone ()
Daniel LHarry Dr.	Daniel L Haugh	Street: 895 PrairieAd City: PLatter 18 put zip: 63818	Town Utillage SME SET	// /24/20 <u>//</u> (Month) (Day) (Year)	Email Phone ()
Daniel L. Harry Dr. Sarah L. Harry	Smal & Hy	Street: 895 Prairie Rd City: Platterne, WZ zip: 53818	STown Otillage City Smelber	11 /24/2001 (Month) (Day) (Year)	Email Phone ()
Matt Minor	Mostlin	Street: S 6327 State Rd 154 City: 1+ Llpoint zip: 53477	Stown Village City Washingtor	(Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone ()
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
	ulator) otained each of the signatures on this paper. I know that t	ify): I reside at 4280 Cunty Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	d Number) (Circulator I e officeholder named in this petition. I know the	Municipality) hat each person signed	Circulators, please Phone (Email
$\frac{1}{\text{(Month)}} \frac{1}{1} \frac{13}{\text{(Pov)}} \frac{120}{\text{(Nonth)}}$	2 Daylor	(Signature of Circulator)	<u> </u>	ficial Use Only)	

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

(Month)

(Day)

Return

Comr
PO B
Madis

Phone

Email

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Holly Germain	Northy Stermas	street: 2026 county rd C City: Somerset zip: 54025	Down Star Utillage Prarie	11 /24/2011 (Month) (Day) (Year)	Email Macrma 03 Phone (715) 3
TED GERMAIN	Hed Jun	Street: 2024 CTY RUC City: SOMERSET Zip: 54025	Town STAR Utillage PRAIRIE	// /Z4/20 <u>//</u> (Month) (Day) (Year)	Email the print Phone (7/5)
Pauline Germain	Pauline German	Street: 417 Raymond St City: Somerset WI Zip: S4025	i Town Strillage City Street	// /ZH/20// (Month) (Day) (Year)	Phone (7/5) 2
HOWITRD JWARM	AM Jand Warmen	Street: 1602 (fy Rd I City: Somerset, WI zip: 54025	Do Town Village City So Mersef	// 24/20_// (Month) (Day) (Year)	Phone (7.5) 2
Freston bermain	Volt Sin	street: 2034 ct, Rd (City: Somerset zip: 54025	Trown Utillage Star Prairie	// /24/20/((Month) (Day) (Year)	Email Phone
Paul Germain =	Hand Henni	Street: 2034 County Rd C City: Somerset zip: 54025	Town Village Charles On 16 6	///24/20//(Year)	Phone (715) 3
7. Felicia Gormain	Felicie , Hermain	street: 2034 Cty Rd C City: Somerset W1 zip: 5/25	Brown Village Stor Prairie	(Month) (Day) (Year)	Phone (75) 2
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone ()
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
Kathleen Brakke	Certification (certification)	of Circulator ify): I reside at 532 Valley View Tr. Some	est Tour of St.	Doseph	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Circulator Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

PO Box Madiso

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		Madis
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
1. SOHN DOUGHERTY	John Dougherty	Street: 50/ SPRUCE DR City: HUDSON, WI zip: 54016	Town Village City HUDSON, WI	////20/2 (Month) (Day) (Year)	Email Phone	
2. Cheryl K Westad	agulestad	Street: 619 Dakewood Ct City: Herdson Zip: 54016	Town Village CityHudSon	////20 <u>/2</u> (Month) (Day) (Year)	Email Phone)
3. Duove KNUTH	Queie Knuth	Street: 527-446 ST. City: Heedsou, zip: 548/6	Town Village Audson	////20/Z (Month) (Day) (Year)	Email Phone)
4. Anita Justen	Anita Anster	Street: 2826 80tm Avr. City: Woodwille, W1 zip: 54028	Örown □Village Sprinsfi'eld □City	/ /20 <u>12</u> (Month) (Day) (Year)	Phone ()
5. Alan Tusten	al	Street: 2826 80 HAVE. City: Wood x 1/1/E W Zip: 54028	Trown Village Spring field	///20 <u>/2</u> (Month) (Day) (Year)	Phone (
Genald Hilleshiem	Derold Hilleshin	Street: 2225 1222 St City: New Richmond Zip: 54017	Trown star City Prairie	/ /2/20/2 (Month) (Day) (Year)	Phone ()
I I sere Hilleshiem	Spene Hilleshiem	Street: 2225 122nd St City: New Richmond zip: 54017	Town Star Village Prairie	//2/20/2 (Month) (Day) (Year)	Phone () '
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
(Name of Circu personally circulated this recall petition and personally obte paper with full knowledge of its content on the date indi	lator) ained each of the signatures on this paper. I know that t	- 1 T	e officeholder named in this petition. I know the	Municipality) that each person signed .13(3)(a), Wis. Stats.	Pi	ators, please

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Month)

(Year)

Return

Comm
PO Bo
Madis

THE MONION LEAT FOR TOX WELL TO	STOR COLD, WILLY DATE LAND THE WORLD THE	TO ADDIDENCE DISTRIBUTION TO THE METERS	TEMPORAL OF RESIDENCE MOST ALWAYS	BE LISTED.	L	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
1. Brigitte Hungsthu	Nor B Llengthelin	Street: 710 Meascw View Drive	Town O Village Shall Kake	#1212011 (Month) (Day) (Year)	Email Phone	
2. Tracy Gulbertson	Pucing Gutler	street: 141 Linden In #1 City: Thiensville zip: 53092	City Theusville	11/29/20 <u>7</u> 1 (Month) (Day) (Year)	Email Phone	
3. jessica Johnson	Jesses Johnson	street: 2409 Prais St. City: Stevens Point zip: 54481	Drown City Stevens Point	(1 /25/2011 (Month) (Day) (Year)	Email Phone)
4. Dawn Wolff	Dain m. Woeff	Street: W18971 Lull Aue City: Eland, Wi Zip: 54437	Dillage Cland	// \$5/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
5. Karen Quam	Karen Quam	Street: 520 W. Wake Dr City: Shell Lake Zip: 54871	Town Village Village	// 28/20_//_ (Month) (Day) (Year)	Email Phone	
6. grines	ming	Street: W7149 Green Valley Rd. City: 500 ner zip: 5480	Village Beaver brook	[2/9/201] (Month) (Day) (Year)	Email Phone	
7. Rose Garher t	Rise Malat	Street: 2088 Hill typ Rd City: Shell Lala zip: 54871	GTown O Village City O WE-Y	12 /10/20/1 (Month) (Day) (Year)	Email Phone)
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20	Email Phone	
10.		Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)	Email Phone	
Brigitte Hungerbuh (Name of Circu onally circulated this recall petition and personally ob	ulator Brigiffe Hunger but tained each of the signatures on this paper. I know that t	of Circulator	Or. Shell Laked (Circulator I) officeholder named in this petition. I know the	Municipality) hat each person signed	Circulat	tors,

715 (Email

9

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commi PO Bo

THE MUNICIPALITY USED FOR MAILING	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	ATY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	JNICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Madis
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. AMY WINTER	any M. Want	Street: 226 GREGORY PLACE City: SHEBOYGAN FALLS Zip: 53085	□ Town □ Village	11 /18/2011 (Month) (Day) (Year)	Email amy. Phone 920,20
2. Andrew Buffington	and Biffight	street: 1016 S Washington Dr	□ Town	\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email andy be Phone (920) 85
Charal 12) water	1 D. O.) 4	street: 226 b regory PL	☐ Town ☐ Village ☐ City	/ 8/2011 (Month) (Day) (Year)	Email
Logan Vander Wyst	Kentrille	city: Sheboygan Falls 2ip: 53085 Street: 422 St Clair Are City: Sheboysan zip: 53081	☐ Town ☐ Village ☐ City		Email Joseph Vande
5. Ruth Sagunsky	Ruth Segunsky	Street: 230 Gregory. Pl.	☐ Town ☐ Village ☑ City	/1 /23 / 2.0 1) (Month) (Day) (Year)	Email Phone
6. EVGENE SAGUNSKY		Street: 230 Grager Falls Zip: 53085	☐ Town ☐ Village ☐ City	11 /23/2011 (Month) (Day) (Year)	Email Phone
7.	Cugan Lagunory	City: Sheboygan Fallszip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
8.		City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
9.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
10.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Amy M. Winter	Certification o	city: Zip: 1 of Circulator rtify): I reside at 226 Gregory PLa			Circulators, plea

(Circulator Municipality) Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support his recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email

(Signature of Circulator)

(Year) (Month) (Day)

(Name of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

(Month)

(Day)

Return Commi

PO Box

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	Ma
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Jeffrey Larson	Thy Larse	Street: W11490 EIMON Rd City: 05500 WE 21054758	Village City Hale	// //6/20_1/ (Month) (Day) (Year)	Email Phone (7/5)
2. Matt Provschinske		Street: 2390 Ridgericu Dr. #303 City: Ease Claire, WI zip: 5470	Town Village Defty Ear Claire	11 /1 / 20 <u>U</u> (Month) (Day) (Year)	Phone (7/5)
3. Charles Walek	Charles Worth	Street: 1/34947 Jelen LANE City: Independence zip: 54747	Octy Burnside	11/16/20 <u>11</u> (Month) (Day) (Year)	Phone (7/5)
* Patriciathoson	Patricine / Harain	street: 35878 Chestnut St city-Independence zip: 54747	Town Village Independence	// /6/20//_ (Month) (Day) (Year)	Email Phone (75)
5. Miles Helgeson	Miles Wilgson	Street: 35878 Chestnot St City: Inde Devidence Zip: 54747	Town Village In dependence	(Month) (Day) (Year)	Phone (715)
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone ()
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone ()
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Mark R. H.	Certification of deposition of		Independ	dence	Circulators.

(Signature of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone

Email

(Circulator Municipality)

(Circulator's Residence - Street name and Number)

Return by

Committee PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

rticle XIII, Section 12 of the Wisconsin Con-	stitution and S.9.10 of the Wisconsin Statu	ITES. TY OF RESIDENCE. IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	Madison, V
THE MUNICIPALITY USED FOR MAILING I	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IN
1. C CC	O- (-11)	Street: 2401 Fairway Dr. 54130	Town Village Kankouna	Month) (Day) (Year) Email Phone	<u> </u>
Joyce Vattney	Jackes Carrinary	Street: 1/2 W. 157h St.	Dyillage Kantona	Month) (Day) (Year) Email Phone	(*)
CAITLIN GAFFNEY	Patin GMM	street: 133 Capital View Ter. Apt. 2 City: Madison zip: S3713		Month) (Day) (Year) Email Phone	()
4.	To the	Street: 240/ Fair Way Dr. City: Yaukauna 21p: 54/50	Town Village Kaukauna		()
TIM J. GAFFILLY 5. Karla a. Gnunler	Karla a Shunder	Street: 63771 Highview Dr City: appleton Zip: 54913	XTown	11 /3°/2011 Email Phone	()
6.	# 1	Street:	☐ Town ☐ Village ☐ City	(Month) (Duy) (Year) Email Phone	()
7.		Street:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year) Email Phone	()
8.		City: Zip: Street:	□ Town □ Village □ City	/ /20_ Email Phone	()
9.		City: Zip:	☐ Town ☐ Village ☐ City	/ 20_ Email Phone	()
10.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20_ Email Phone	
	G 450 - 41-	City: Zip:			

CAITLIN GAFFNET	tail 6/1/pv/	city Modison zip: S3713	Madison	(Month) (Day) (Tear)	()
		Street: 2401 Fair Way Dr.	☐ Town	11/27/2011	Email
T. T. Anthon	To TANK	City: Kaukauna Zip: 54/30	Scity Kaukauna	(Month) (Day) (Year)	Phone ()
TIM A. OHTING	mys. com	Street: W3771 Highview Dr		11 /30/2011	Email
TIM J. GAFFIELY 5. Karla a. Gnunler	Harla a Shurler	City: appleton zip: 54913	D'Village Center	(Month) (Day) (Year)	Phone ()
6	A.		□ Town	/ /20	Email
		Street:	☐ Village ☐ City	(Month) (Day) (Year)	Phone ()
7.		City: Zip:	□ Town	/ /20	Email
/ •		Street:	☐ Village☐ City	(Month) (Day) (Year)	Phone ()
0		City: Zip:	□ Town	/ /20	Email
8.		Street:	☐ Village ☐ City	(Month) (Day) (Year)	Phone ()
		City: Zip:	□ Town	1 /20	Email
9.		Street:	☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone
		City: Zip:	☐ Town	1 /20	Email
10.		Street:	☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone
		City: Zip:			
1 6 8	Certification	of Circulator	Kaukai	inu-	
Joike Gaffney		tify): I reside at 7401 Fair way Dr. (Circulator's Residence - Street name a.	ad Numbur) (Circulator	Municipality)	Phone
personally circulated this recall petition and personally of	tation) btained each of the signatures on this paper. I know that licated opposite his or her name. I know their respective	Circulator's Residence - Street name to the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsif	he officeholder named in this petition. I know ying this certification is punishable under S.12	2.13(3)(a), Wis. Stats.	Email Email
ne paper with full knowledge of its content on the date inc	neated opposite his of her mane.	(raspres	Page Nov	PP 2 1477	L Fjga
O/O / O		(Signature of Circulator)	#		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commi PO Box

PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. Street: 3665 Hickory City: Kieler, WI zip: 538/2 Town Street: 530 West Many Town Street: 530 West Many Town Street: 530 West Many Town Street: T	CONTA 408) S
Jenny L brosius Jenny A blown City: Kieler WI zip. 538/2 City Kieler City Kiel	608) E
Street: 3665 Hickory Village Village City Kieler WI zip: 538/2 City Kieler Winding (Month) (Day) (Year)	608) =
3. Street: 530 West Mary 1000 12/31/2011 Email	
Geraldine Timmermon City: Dickeyrle (Month) (Day) (Year) Phone	(608)5
Street: 530 Glast Maca 1 Town Dick are 12/37/2011	(618) .
Street: 1315 22 Nd St. Town Williage Hozel Green 12/31/2011 Phone Phone	608 85
Street: Street: Town Village / 20_ Phone City: Zip:	()
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	()
Street: Street: Town Village Oity Omnth (Day) (Year) Phone	()
Street: Street: Town Village City City Phone	()
Street: City: Zip: Town Village City Month) (Day) (Year) Phone	()
Certification of Circulator TOSEPH BASS (Certify): I reside at 4280 County Roll (Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulator Municipali	ulators , plea Phone (Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Comm PO Bo

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALT	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNI		3 BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Geordell Joshua	a Deordell a Johna	Street: 6691 N 8379 Street: Milwaukee zip: WI	Town Village Milwaukee	(Month) (Day) (Year)	Email Phone (4)
Naomit Joshua	Navni Dushua	Street: 6 G/ MS3 rd City: Milevauker 21p: 53223	Town Village Milwaukee	(Mouth) (Day) (Year)	Phone H
Brie George	Brie Jeorg	Street: 8821 W Dallas St City: Mchaykee zip: 53224	Town Willage Wilmankee	(Month) (Day) (Year)	Email Bric- Phone (41
Gestán Joshua	Destin Joshua	Street: All Discussion 5691N83rd St. City: Milwaukee 219: 83223	Town Village Williage Milwaukee	(Month) (Day) (Year)	Phone (4
Shirley Joshu	A Shuley a Josh	Street: 6564 N. 90thst. 49v: M. W. W. Zip: 53224	Town Village MI Warkee	(Month) (Day) (Year)	Phone
		Streei: City: Zip:	Town □ City	/ /20	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	$ / /_{20} $	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 L	Email Phone
eorge Antonio Angelo (Name of Circula	Certification o Joshuk , (certification)	of Circulator, USG North 83 ref tify): I reside at (Circulator's Residence - Street name and	treet Milwaykee nd Number) (Circulator M	Municipality)	Circul
ally circulated this recall petition and personally obtain	ptained each of the signatures on this paper. I know that th	the signers are electors of the jurisdiction or district represented by the excidences given. I support this recall petition. I am aware that falsifying	ne officeholder named in this petition. I know that	that each person signed 2.13(3)(a), Wis. Stats.]

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Comm

PO Bo

Denise Keppers Jean Haffman Jocelyn Tilsen Sharon Zenk Denials Manine	SIGNATURES OF ELECTORS Dens Kepper Jenttoffman Joseph alsen Jacon Zel	Street: 298 165th au City: Some Set zip: Street: 247 Cove Road City: Hudson zip: City: Hudson zip: Street: 500 WBC 52	Town Village City Town Village City City Town Village City City Town Village City City Town Village City Town Town Village City Town Tow	Somerset Troy		Phone Email Phone (7) Email SZ6 Phone
Denise Keppers Jean Haffman Jocelyn Tilsen Sharon Zenk	Dens Kepper Kemttoffman Joseph alsen Sharon Jeal	city: Hudson zip: Street: 298 165th au City: Some set zip: Street: 247 Cove Road City: Hudson zip: Street: 817 12th St City: Hudson zip: Street: 500 WBC 52	Village City Village V	Somerset Troy	(Month) (Day) (Year) / //0/2012 (Month) (Day) (Year) / //0/2012 (Month) (Day) (Year)	Phone Email Phone (Email Phone (T Email Fhone (T Email
Jocelyn Tilsen Sharon Zenk	Joseph alsen Sharon Jed	City: Some set Zip: Street: 247 Cove Road City: Hudson Zip: Street: 817 12 St City: Hudson Zip: Street: 500 WBC 52	City City Village City City Village City City Town Village City City City Town Town Town City City	Troy	(Month) (Day) (Year) / //O/20/2- (Month) (Day) (Year) / //O/20/2	Phone Email Phone (7 Email Phone (7) Phone (7)
Sharon Zenk	Joseph Wesen Shown Jed M. Du	city: Hudson zip: Street: 817 124 St City: Hudson zip: Street: 500 WBC 52	Village City Town Village City Town Village X City Town Tow	Troy	(Month) (Day) (Year)	Phone (7) Email SZ 6 Phone (7)
Sharon Zenk =	Sharon Jed	Street: 500 WISC 52	54016 City	· Hudson		Email SZ 6 Phone (7
Deninis maknite	M. 2013	Street: 500 WISC 57	√ □ Town		Τ .	
		City: HUDSON WI Zip:	Vol6 City	WARTH HUBSONI	/ //O/20/2 (Month) (Day) (Year)	Phone (6
		Street: City: Zip:	☐ Town☐ Village☐ City		/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	Town Uillage City		/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town☐ Village☐ City		/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City		/ /20 (Month) (Day) (Year)	Email Phone
.		Street: City: Zip:	☐ Town ☐ Village ☐ City		/ /20 (Month) (Day) (Year)	Email Phone
SUSAN STOR		of Circulator & C. G. G. Gify): I reside at RIVER F	EALLS Wi	i. TOWN of	TROY	Circula Pi

(Signature of Circulator)

(Day)

(Year)

(Circulator's Residence - Street name and Number)

Page No. (Official Use_Only)

Retur

Comn PO B

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. CONT MUNICIPALITY OF RESIDENCE DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE (Indicate Town, City, or Village) SIGNATURES OF ELECTORS PRINTED NAMES OF ELECTORS Rural address must also include box or fire no. Email □ Town ☐ Village Phone 1. 920 Email ☐ Town ☐ Village Phone (Month) (Day) (150) Email ☐ Town ☐ Village Phone (Month) (Day) (Year) City Email ☐ Town ☐ Village Phone Email ☐ Town 20 □ Village Phone (Year) ☐ City (Month) (Day) Zip: Email ☐ Town 20 6. ☐ Village Phone (Month) (Day) □ City City: Email ☐ Town 20 7. ☐ Village Street Phone (Year) (Month) (Day) ☐ City Zip: Email ☐ Town 20 8. ☐ Village Street: Phone (Year) (Month) (Day) ☐ City Zip: City: Email ☐ Town 20 9. ☐ Village Street: Phone (Year) (Month) (Day) ☐ City Zip: City: Email ☐ Town 20 10. ☐ Village Street: Phone ☐ City Month) (Day) **Certification of Circulator** (certify): I reside at 210 2 Angela Shinners Circulators, pl

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

09

(Day)

(Month)

(Year)

Retur

Comn

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

rticle XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Statu	ıtes.	TOTAL THE OF REGIDENCE MICT AT WAY	AS DE LICTED	PO B
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Fiss	- Jan	Street: 3007 RUDOLPH ZD	☐ Town ☐ Village ECity EAU CLAIRE	(Month) (Day) (Year)	Email Phone
HATE / FOSS	Haze Foss	Street: W13497 Fy Clarkod Cay: Blair, 210: 54701	Town Pigeon	1 /2 /2011 (Month) (Day) (Year)	Email Phone (15)
3. FRANCIS-FOSS Francis Foss	0	Street: W13497 Fy Clock Rd. City: Black Zip: 54616	Town O Village City Pigeon	(Month) (Day) (Year)	Phone (15)
Joanne Foss	Francis Foss Joanne Joss	street: W13501 Fly Cleek Rd. City: Black Zip: 54616	Town O'Village City Pigcon	11 /34/2011 (Month) (Day) (Year)	Phone (715)
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone ()
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone ()
	Certification	of Circulator			
Joanne Foss		rtify): I reside at W13501 Fly Creek	Rd Blaur		Circulators, p

**		Street:	a	Village	/ /20
		City:		City	(Month) (Day) (Year)
10.		Streel:	O	Town Village City	/ /20
		City:	Zip:		
	Certificati	on of Circulator		in.	*. ·
Joanne Foss		(certify): Treside at W135	101 Fly Creek Ro	0 Blair	
(Name of Cincul	mean)	(Circulato	r's Residence – Street name and Nu	ımber) (Circulo	tor Municipality)
(Name of Circuisonally circulated this recall petition and personally obta ager with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know	that the signers are electors of the juris	diction or district represented by the office call petition. I am aware that falsifying the	ceholder named in this petition. I ki his certification is punishable under	S.12.13(3)(a), Wis. Stats.
4		nne d. Jose		:9:0-6	20 J
$\frac{\text{(Month)}}{\text{(Month)}} / \frac{\text{N}}{\text{(Day)}} / \frac{20 \text{(Year)}}{\text{(Year)}}$		(Signature of Circulator)	116	#	(O-(O))
			9		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

			PO Ma	
_			COI	NT/
	Email			
	Phone	9	<i>3</i> D	Ç
	Email			Ì
	Phone	92	(0)) (
	Email			
	Phone	9	10)	0
	Email			
	Phone	(9	20)	
	Email			
	Phone	()	
	Email			
	Phone	()	
STATE OF THE PERSON NAMED IN	Email			
	Phone	()	
	Email			
	Phone	()	
	Email		i-	
_	Phone	()	
	Email			

Retur

	ty Board: We, the undersigned qualified elections on the Wisconsin Statu	ectors of the State of Wisconsin petition for the recall o tutes.	of Governor Scott Walker from office	se pursuant to	Cor PO
THE MUNICIPALITY USED FOR MAILING	J PURPOSES, WHEN DIFFERENT THAN MUNICIPAL!	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		/S BE LISTED.	Ma
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
Richard L Heall	Rill & Mill	street: 7676 Thiel Lane City-Winneconne zip: 54986	Village Poygan	12/17/20 <u>11</u> (Month) (Day) (Year)	Email Phone (920)
2 Steve Sugre	Xter for	Street: 4092 Meadow View Ln City: Oshkush zip: 54904	Village Happice	[A/17/20]] (Month) (Day) (Year)	Phone (920)
1 Lisa Sugrul	Lisa Sugrue	Street: 4092 Meadaw View La City: 050K050 zip: 54904	Town Village AUGOMO	Month) (Day) (Year)	Phone (91)
1. Reed Rudge	Ros Poro	Street: W3345 Outlook Or. City: Freedom zip: 54913	*Town Utiliage City Freedom	1 /13/2012 (Month) (Day) (Year)	Phone (920)
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Phone (
(Name of Circulares of Circulares of this recall petition and personally obta paper with full knowledge of its content on the date indicates of the content of of	ulator)	tify: I reside at 4092 Mercer Vew L (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	the officeholder named in this petition. I know the ying this certification is punishable under S.12.	Municipality) that each person, signed 2.13(3)(a), Wis. Stats.	Circulators, Phone
$\frac{1}{(13)} / \frac{13}{(20)} / \frac{20}{(20)}$	<u> </u>	(Signature of Circulator)	Page No.	0.223	Email

(Day)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Year)

Email .

Retur

PRINTED NAMES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Roads from the following town of the me. Common of the me. MUNICIPALITY OF RESIDENCE (Indicate Town City, or Village) DATE OF SIGNING (Indicate Town City, or Village)	THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL!	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	JNICIPALITY OF RESIDENCE MUST ALWAY	YS BE LISTED.	, }
Laura Lee laury fee on target of the part			STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE		1
Laura J. Fern Jamber 1/22/2011 Jason M. Fern Jamber 1/22/2011 Jason M. Fern Jamber 1/22/2011 Jason M. Fern Jamber 1/22/2011 Some 1/491 Cty Rd E. Some	~~~	Samue Lee	street: 678 Davis- 5t. City: Hammond, Wt zip: \$5401	Town		Phone (1K
Jason M. Fern In Jay Rudiger Mindy Rudiger South E3704 530th Ave. Our. New Richmond, WI 21/2 54017 Our. Menomonie 21/2 WI City Menomonie (Monda) (Day) (Vers) Our. Menomonie 21/2 WI City Menomonie (Monda) (Day) (Vers) Our. 21/2 City Menomonie (Monda) (Day) (Vers	Laura J. Fern	Saure fee		□ Village i		Phone (7)
Mind p. Rudiger Menomonie Street: Stre		for the	Street: 1491 Cty Rd E. City: New Richmond, Wl 22p: 54017	Village City Warren	, , 	Email S
Street: Town	Mindys. Rudiger	Mendy Kudiger	1 8 1	- Village Menomonie	11 /22/2011 (Month) (Day) (Year)	Email Mino Phone 7
Street: Town / 20 Phone	5.	U U		☐ Town ☐ Village	/ /20	Phone (
Street:				☐ Village	, , ,	Phone (
Street: Town Village City City Phone Phone City				— □ Village	' '	Phone (
Street: City: Street: City: Street: City: Street: City: Zip: City: Ci		·		─ □ Village	1 ' '1	Phone (
Street: City: Zip: Town / 20 Email Oklinge City City Oklinge City City Oklinge City City Oklinge City City Oklinge City Oklinge Oklinge City	·			— □ Village	· · · —	Phone (
	1.		City: Zip:	─ □ Village		



SCOTT WALKER RECALL P

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Retur

Comr PO B

Email

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.]
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
FOUND ZARZYNSKI 2. Rowald Luedtke	Edwel Zarzysła.	Street: 2527 W Rogans St City: MILLORUNGE Zip: 53204	□ Town □ Yillage ☑ City M L	/21/2014 (Month) (Day) (Year)	Email Phone
	Romeld Greeth	City: TOWNSOND Zip: 54175	ÆTown □ Village □ City	12/26/20_11 (Month) (Day) (Year)	Email Phone (7/2)
Meryl L. Borney	morylbarney	Street: 6361 S. 27th St. # 14 City: Franklin zip: 53132	Town Village Franklin	1 /4/20 <u>13</u> (Month) (Day) (Year)	Email Phone
Meryl L. Borney Howac E. VIGAWE	tog De	Street: 22-34 N. 117 ST. City: WAVWATOSA WI Zip: TOSZZZZ	Town Village VAVWA TOGA City	(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Diago Maglack	Certification		that I had A	1).c	
Diane Narlock (Name of Circulated this recall petition and personally of	ulator)	ify): I reside at (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator	Municipality) that each person signed	Circulato Phon

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day)

(Month)

(Year)

(Signature of Circulator)

ment Accountability Board: We the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Returi

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
ennifer A. Nickowski	Jannifrancibast.	Street: 1228 LOKNOrst St. City: Baldwin zip: 54002	Town Village Baldván	11 /16/2011 (Month) (Day) (Year)	Phone (7
Cheryl Harmor	2 Chyl A. He	Street: 720 CUYTIS SI. City: BAHWIN zip: 54002	Town Village Balchin		Email Phone
EZYSZTA NICKOLISMI	Mellu	Street: 1228 LOCKIDE IS STUDIES STUDIES	Town Village Baldwin	1 /16/20 <u>1</u> (Month) (Day) (Year)	Phone (
Judy Harmon	Judy actamon	Street: 1201 Tainter St City: Menomonil zip: 54757	Town Village MUNOMON1C		Phone (Email
	0 0	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
aran L. Bail	10.00 000	of Circulator rtify): I reside at 138 73 nd St. (Circulator's Residence – Street name an	Somerses	L Township	O Circula

Retu

Com

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	N
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	(
1. Melinda Yoder	Melida Yadu	Street: 5554 N Bethmar Lane City: Glandale, W1 zip: 53209	□ Town □ Village ★City	11/30/2011 (Month) (Day) (Year)	Phone (414
² Aileen Kloss	Wilew Kloss	Street: 1221 6th Ave	□ Town □ Village ■ City	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Phone (262
Mary Kettner	Mileen Kloss Mary Kettner	Street: 9360 N, 70th City: Milwauhore W, zip: 53223	□ Town □ Mllage City	12/2/20// (Month) (Day) (Year)	Email E Ke-7 Phone (4/4
	V	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
8.	·	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone (
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone (
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
	Certification	of Circulator			

8.		Street:		☐ Town ☐ Village		/ /20	Email
		City:	Zip:	□ City		(Month) (Day) (Year)	Phone ()
9.		Street:		☐ Town ☐ Village		/ /20	Email
		City:	Zip:	☐ City		(Month) (Day) (Year)	Phone ()
10.		Street:		□ Town		/ /20	Email
		City:	Zip:	☐ Village☐ City		(Month) (Day) (Year)	Phone ()
	Certification (of Circulator	•			·	
Melinda Yoder (Name of Circul	lator)		r's Residence – Street name a	and Number)	Glendale (Circulator M		Circulators, plea
personally circulated this recall petition and personally obta e paper with full knowledge of its content on the date indic	cated opposite his or her name. I know their respective	the signers are electors of the jurison residences given. I support this rec	diction or district represented by t call petition. I am aware that falsi	the officeholder named fying this certification is	n this petition. I know the punishable under S.12.1	at each person signed 3(3)(a), Wis. Stats.	Email
11 / 30 /2011 (Month) / Day) /2011	_ Melinla	(Signature of Circulator)			Page No. (Of #		mk
			9		1		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Com PO B Madi

Email

Page No. (Official Use Only)

Retu

		TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	VOTING	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
shaun P. Meyer	Sta P. My	Street: NG/18 NG/st Street City: Sheboygan zip: 53083	Nown Village She boygan	I /2 / 20 11 Email Email Phon
Peggy J. Meyer	Paggy J. Meyer	Street: 6/18 NG 184 Str. City: Slaboygan zip: 53883	Town Village Sheboygan	
VAlton P. MEYEN	Sta P. Mayor Peggy J. Meyor Waltert. Meger	Street: Ve 118N6/FST City She boy (AN Zip: 53083	☐ Town	// /2 // 20 Email
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 Ema (Month) (Day) (Year) Phon
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 Ema Phor
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 Ema Phor
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 Ema Phor
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 Ema Phor
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 Ema Phor
•		Street: City: Zíp:	☐ Town ☐ Village ☐ City	/ /20 Ema Phon

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Year)

(Signature of Circulator)

00

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU		S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
LeRoy Lee	Ha Lu	Street: N 7401 1/95 th St. City: River Falls zip: 54022	Town Uvillage City	(Month) (Day) (Year)
teptanie Clemen	+9. h-+	Street: 1171/2 Briad Street CHYPrescott WI 21,54021	□ Town □ Yillage ☑ City	/2 /20/20// (Month) (Day) (Year)
agah Vurin	Careph Vuvuin	Street 704 Albany City Superior Wi Zip. 54880	☐ Town ☐ Village ☑ City	(A) \$4/201/ (Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
-		City: Zip: Street:	☐ Town ☐ Uillage ☐ City	/ /20
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
<u> </u>		City: Zip: Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Uillage ☐ City	/ /20
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
	ulator) tained each of the signatures on this paper. I know the	city: Zip: n of Circulator ertify): I reside at Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the projectors of the purisdiction of the purisdiction.	Town of left in Clifton (Circulator to the officeholder named in this petition. I know	Municipality) that each person signed
rith full knowledge of its content on the date indi	icated opposite his or her name. I know their respecti	ive residences given. I support this recall petition. I am aware that falsify (Signature of Circulator)	ring this certification is punishable under S.12	2.13(3)(a), Wis. Stats. 2.25 Official Ose Only)

(Day)

Retu

Com

Ret

Circulators, ple

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY:	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Lim Rommund	Vim Pormano	Street: 1135,350 HAVE City: Frederic WI zip: 4837	Town A Village City Clam Falls	////20/2 (Month) (Day) (Year)	Email Phone
-ori S. Laqua	Lou Sagua	Street: 604 Cedar St E City: Frederic Zip: WI	Evillage City Frederic	(Month) (Day) (Year)	Email Phone
ictoria A. Soransan	Victoria Dorens	Street: 108 1St Av. S City Frederic WD zip: 5483 7	Town Village City FRSD FRC	//2/20 <u>12</u> (Month) (Day) (Year)	Email Phone
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone

10.	Street:	□ Tow □ Villa □ City	age / /20
VTO	Certification of Circulator	25 255 Hay To)	1/5/027 DIVA.
Name of Circul	lator)	Circulator's Residence – Street name and Number	
	ained each of the signatures on this paper. I know that the signers are electors of ated opposite his or her name. I know their respective residences given. I supp		
$\frac{O}{\text{(Month)}} / \frac{O}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	Signature of Circu	lator)	Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Month)

(Day)

(Year)

Return Commit PO Box

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA		
1. David J. Granger SR	Dan/ Throngen	Street: 146587 207h Ave City: Maus 70n Wi zip: 53948	Trown D'Village City Germuntown	/ /6/20/2 (Month) (Day) (Year)	Email VapTore Phone ()		
2.	with Thompson	Street N9194 Co. Huy M ChyNew Liston Di zip: 53950	☐ City	61 /06/20 <u>12</u> (Month) (Day) (Year)	Phone ()		
3. Taxua Thomas	of allower	Street: N9194 CO. HWY M City: NYW 11560n, WI Zip: 5395	B Town Orange ins City	/ 6/2012 (Menth) (Day) (Year)	Email Phone ()		
4.	1 Vary Ville	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone ()		
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()		
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Mouth) (Day) (Year)	Phone ()		
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Duy) (Year)	Phone ()		
8.		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone ()		
9.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()		
10.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ()		
Mary A. Thomps (Name of Cipersonally circulated this recall petition and personally circulated this content on the date.	on	ertify): I reside at (Circulator's Residence - Street name of the signers are electors of the jurisdiction or district represented by the signers are electors of the jurisdiction. I am aware that falsi	the officeholder named in this petition. I know	r Municipality) w that each person signed 12.13(3)(a), Wis. Stats.	Circulators, plee		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2

Committee to Recall Wa
PO Box 2569

Medican WI 53701

THE MUNICIPALITY U	Madison, W133701			
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DAE OF SIGNING	CONTACT INFORMA
1. Print: Julie A. Hancock Sion: Julie a. Hancock	Street: 308 W Jackson St.	Town Village Tomah	//18/20(Moss) (Day) (Year)	genuinejuk Phone
	City: Tomah zip: 54660	(Municipality Name)		(408) 547-7
2. Print: RUSTY D. Shankk	Street: N5562 Tunnel Rd. City: Kendall, WT zip: 54638	☐ Village ☐ City (Municipality Name)	///2/20// (Mond (Day) (Year)	Email Nostyshankle, Phone (608) 567-
3. Beth M Ruhland Sign: Bett A Mulland	Street: 992 ASKN Cf. City: Defere zip: 541/5	Town Village City (Municipality Name)	1/17/20 <u>//</u> (Most) (Day) (Year)	Email Beth Cruhlan Phone (920)309-24
4. Print:	Street:	☐ Town ☐ Village ☐ City ————————————————————————————————————	//20(Moh) (Day) (Year)	Phone ()
5. Print:	City: Zip: Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Moh) (Day) (Year)	()
I, RUSTY D. Shankle (Printed Name of Circulator)	Certification of Circulator (certify): I reside at	endal WI Founta Jumber) (Circulator Muni	• "	Circulators, Please include your contact info in case Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I apport this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

(608) 567

Email

rusTyShanke

Retu

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Theresa Gibson	Theresa Gibson	Street: 526 8th St. N City: Hudson zip: 54016	Town North Hudson City	2/18/20 (Month) (Day) (Year)	Email Phone
Lauri Lumby	Jauri a Jumby	Street: 1103 School Ave. City: Osh Kosh, WI Zip: 54901	□ Town □ Village City CSH-KOSH	12/2H/2011 (Month) (Day) (Year)	Email Phone
Debbie Liver	School First	Street: 527 N 8+65+ City: Hudson, W/ Zip: 56016	Town Utillage City City Control Cont	// /20/2 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email

2			Street: 1103 School Ave.	□ Town	10 /21/2011	Ellian
	Lauri Lumby	Jaure a Jumby	City: Oshko, sh, WI zip: 5490	Village OSHKOSH	12/2H/2011 (Month) (Day) (Year)	Phone ()
3	Delbie Level	Sauri Ce Sumby School Ferrity	Street: 527 N.8th.St	Town Village Hudson	120/2 (Month) (Day) (Year)	Email Phone
4			City: Audson, W zip: 560	<i>ψ</i>		Email
4	• ·		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
			City: Zip:		(Wolli) (Paj) (Yali)	Email ()
5	i.		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
			City: Zip:	Li City	(Month) (Day) (Year)	Email ()
6	5.		Street:	☐ Town☐ Village☐ City	/ /20	Phone
			City: Zip:	in City	(Month) (Day) (Year)	Email ()
7	1.		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
-			City: Zip:		(Would) (Day) (Teal)	Email ()
1	3.		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
			City: Zip:	- City	(Month) (Day) (Year)	Email ()
9).		Street:	□ Town □ Village	/ /20	Phone
L			City: Zip:	□ City	(Month) (Day) (Year)	()
1	10.	· .	Street:	□ Town □ Village	/ /20	Email Phone
			City: Zip:	□ City	(Month) (Day) (Year)	()
		Certification				
I,	DAMUELD. G		tify): I reside at 526 8 TU ST	N VILLAGE OF	F NotCTU HUP r Municipality)	るの V Circulators, ple
I perso	(Name of Circu onally circulated this recall petition and personally obtoer with full knowledge of its content on the date indi	utator) tained each of the signatures on this paper. I know that icated opposite his or her name. I know their respective	(Circulator's Residence – Street n the signers are electors of the jurisdiction or district represent residences given. I support this recall petition. I am aware that			Phone (
pa	\mathcal{O} / / / / / / / / / / / / / / / / / / /	2	(H) (A)	Page No.	(Official Use Only)	Email
<u>ب</u>	(Month) (Day) (Year)		(Signature of Circulator)	#_00	62293	
			Branch Control			

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Return by

PRINTED NAMES OF ELECTORS STREET'S NUMBER OR RURAL ROUTE Road defere word also include bod or die 20.0 1. Delan by Ni gloor 2.	Article XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Sta	atutes.			PO Box 2
PRINTED NAMES OF ELECTORS STREET A NUMBER OF REAL ROUTE (Red above now of cons) I. Delar by Ni gloof Town Town	THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU		/S BE LISTED.	Madison
Delayer Niabo In Hally acc of the Hally according to the Hally accor	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	CONTACT
2	1. Delaney Niabor	Dulay Mbon	()	Village I am Sont		
Street		2-	Street: 13449N Howywood W		' ' '	Phone ()
Servet	•			☐ Village	, , <u> </u>	Phone ()
Street:				☐ Village	—	Phone ()
Street: Town	5.			— □ Village	· · · —	Phone ()
Street: Town Village City Clust Clu	6.			□ Village	, ,	Phone ()
Street: Town Village City Village City Phone	7.			→ Village	, , <u> </u>	
Street: Town Village City Ci	8.			☐ Village	· · · —	
Street: Town Village City City Company Circulators, please	9.			☐ Village	, , —	
(Name of Circulator) (Circulator); I reside at 1868 (N Nanckough of Hayward Williams) (Circulator Municipality) (Circulator Municipality) (Circulator Municipality) (Circulator Municipality)	10.		Street:	— □ Village	, , ,,	
the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition, I am any are that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Only (Pay) (Year) (Signature of Circulator)	(Name of Circ personally circulated this recall petition and personally o ne paper with full knowledge of its content on the date in	culator), (cer	rtify): I reside at I OSEN None Note - Street name at the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition, I am a varie that falsif	he officeholder named in this petition. I know ying this certification is punishable under S.12	that each person signed 2.13(3)(a), Wis. Stats.	(715

Retu

Con PO

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

ticle XIII, Section 12 of the Wisconsin Con	istitution and S.9.10 of the Wisconsin State	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Ma
THE MUNICIPALITY USED FOR MAILING PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	со
1.		Street: W19011 ASTRUS LANE	Trown Uvillage City	11/16/2011 (Month) (Day) (Year)	Email Opples Phone (608)
Daviso APPLEYMED 2. Brenda Appleyard 3.	DSame, O	Street: W19011 ASTRUS LANE City: ARCADIA Zip: 54612 Street: W19011 ASTRUP Ln	Town O'Village City EHrick	11 /16/2011 (Month) (Day) (Year)	Email appleya Phone (608)
Brenda Appleyard	Brenda appleyard		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
4.		City: Zip: Street: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
5.		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
6.		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
7.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
8.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
9.		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
		City: Zip:			

			1		Email
704 - 2704 -		Street: W19011 ASTRUS LANE City: ARCADIA Zip: 54612	X Town City CTTP CK	//////////////////////////////////////	Phone
2 . I Non	D> ame, -> Brenda appleyard	Street: WIGOIL ASTRUPLA	Prown O'llage City Ettrick	11 /16/2011 (Month) (Day) (Year)	Email Phone
Drenda Hppleyara	Orenaa appregato	Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone Email
3, ·		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email

(Year)

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee PO Box 2: Madison,
CONTACT II
07503
)

	Prairy die Sel zip: 45756 1. Hole Bhillethia Dire AP 820 washington Road Kenosha WI zip: 53/40 1. zip:	WOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) Town Prairiedu Sack Village City 53548 BD Town Village City Village City Town Village City Town Village City City	DATE OF SIGNING	CONTACT Email Phone () Email Phone () Email Phone () Email
City: Street: City: Street: City:	Prairy die Sel zip: 45756 1. Hole Bhillethia Dire AP 820 washington Road Kenosha WI zip: 53/40 1. zip:	City Say & BD Town Village City Town Village City Town Village City	(Month) (Day) (Year) 2 //7/20 // (Month) (Day) (Year) // 20 (Month) (Day) (Year)	Phone () Email Phone () Email
City: Street: City:	t: Washington Road Kenosha WI Zip: 53/40 t: Zip:	Town Town Village City Town Village City Town Uvillage City Town Village	/ /20 (Month) (Day) (Year) / /20	Phone () Email Phone () Email
City:	t: Zip: t: Zip:	☐ Village ☐ City ☐ Town ☐ Village	(Month) (Day) (Year)	Phone () Email
City:	Zip:	☐ Village	, ,	·
			1	1 ()
City:		☐ Town ☐ Village ☐ City	/ /20	Email Phone
Street:	t:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
Street:	t:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
Street:	t:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email
Street:	t:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
	t:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
	Stree City: Stree City: Stree City: City:		City: Zip: Town Village City	City: Zip: Town / 20 (Month) (Day) (Year)

		1	City:	Zip:	Li City	(Month) (Day) (Year)	(
	9.		Street:		□ Town □ Village	/ /20	Email
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
	10.		Street:	<u> </u>	□ Town □ Village	/ /20	Email
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
_	Bonnie S Dal	Certification o	of Circulator fy): I reside at5774	+ County Rd	KP Mazomanie, L	01 53560	
		<i>llator</i>) tained each of the signatures on this paper. I know that th icated opposite his or her name. I know their respective r	he signers are electors of the jurisdic	tion or district represented by the	officeholder named in this petition. I know the	hat each person signed	Pho
_	Jan 1 8 120 12	Bonnie S.	Dau (R (Signature of Circulator)		,	Official Use Only)	Em
	(Month) (Day) (Year)	•	(Signature of Circulator)		# 000	1232	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commi PO Box

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT.	THE NAME OF THE MUNICIPAL	ITY OF RESIDENCE MUST ALWAYS	BE LISTED.	M
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RU Rural address must also include		VOTING UNICIPALITY OF RESIDENCE Indicate Town, City, or Village)	DATE OF SIGNING	co
Norma Scott	Norma Scou	street: 1316 Jeanne (5417 XCi	wn New Richmond wn New Richmond wn New Richmond	12/15/2011 (Month) (Day) (Year)	Email Phone
Norma Scott CRAIG L. Scott	Cray L Soft	Street: 1316 Jeanne C	T	wn New Richamy	12/18/20_11 (Month) (Day) (Year)	Email Phone
3.	·	Street:	□ To □ Vil	lage	/ /20 (Month) (Day) (Year)	Email Phone
4.		City: Street:	Zip: To	lage	/ /20 (Month) (Day) (Year)	Email Phone
5.		Street:	Zip:	lage	/ /20 (Month) (Day) (Year)	Email Phone
6.		Street:	Zip: □ To □ Vil □ Cit Zip:	lage	/ /20 (Month) (Day) (Year)	Email Phone
7.		Street:	□ To □ Vil □ Cit	lage	/ /20 (Month) (Day) (Year)	Email Phone
8.		Street:	Zip:	lage	//20 (Month) (Day) (Year)	Email Phone
9.		Street:	□ To □ Vil □ Cit	lage	/ /20 (Month) (Day) (Year)	Email Phone
10.		Street:	Zip:	lage	/ /20	Email Phone
sonally circulated this recall petition and personally obta aper with full knowledge of its content on the date indic	ated opposite his or her name. I know their respective	of Circulator ify): I reside at 263 w Low (Circulator's Residences given. I support this recall petition	district represented by the officehon. I am aware that falsifying this c	er) Alden (Circulator M.) Older named in this petition. I know that	at each person signed	Circulators, p
(Month) (Day) /20/2	Margan	(Signature of Circulator)		Page No. (off	ficial Use Only)	Ziimil .

Return

THE MUNICIPALITY USED FOR MA1LING	PURPOSES, WHEN DIFFERENT THAN MUNICIPA	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE M	UNICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Sara Turner	Sawagerner	street400 Meadow Land city Somerset zip: 54025	Town Willage City Somerse	12/14/2011 (Month) (Day) (Year)	Email SQu Phone 7
Sara Turner Michael Turner	MA	street: 400 Meadow Lane con Somevset zip: 5402	□ Town □ Village □ City	(2/14/20/1 (Month) (Day) (Year)	Phone 7
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone (
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone (
		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	$ / /_{20} $	Email Phone
athleen Brakke	, (ce	rtify): I reside at 532 Velley View In Sa	nerset tour of St.	Jacob	Circuit
(Name of Circul ly circulated this recall petition and personally obta with full knowledge of its content on the date indic	ator) ined each of the signatures on this paper. I know tha	(Circulator's Residence – Street name at the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsi	and Number) (Circulator In the officeholder named in this petition. I know the sying this certification is punishable under S.12.	Municipality) hat each person signed .13(3)(a), Wis. Stats. Official Use Only)	Pho Em

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

(Day)

(Month)

Return

Cor	n
PO	E
Ma	ď

Phone

Email

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					Madis	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
Jude A. Landes JAMES D. LANDES	Jude a. Landes	street: 440 Timberlane Drive city: Somerset zip: 5402	Trown Avillage Somerset	//7/20/2 (Month) (Day) (Year)	Email Phone)
JAMES D. LANDES	James D. Xandes	street: 440 Timberlane Drive City: Somerset zip: 54025	Town Willage SOUCISET	1 / T / 20/3 (Month) (Day) (Year)	Email Phone)
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
Ray St	Certification (cert	of Circulator	e Lake & Alden /	ownship	Circula	ators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that respective residences given. Lyupport this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

Circulators, Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	М
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. WILLIAM D. ERDMAN	William D. Bedman	Street: 6524N WHISPERING PINES DE City: MERCER Zip:54547	Town Stylllage City MERCER	11/22/2011 (Month) (Day) (Year)	Email bder Phone (715)
2.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
6.		Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
7.		City: Zip: Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
8.		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
I G-a-T	Certification of	of Circulator	m () The M'		

			Street:		☐ Village ☐ City	/ /20
			City:	Zip:		(Month) (Day) (Teal)
		Certification of	f Circulator	· 1	(15 - NI'	
Ī.	ThoMAZ K. t	AU/eV (certification)	y): I reside at	JUZKINO	Oct 18 Min	AUDDO
-, _	(Name of Circula	(ator)	Circulator's Re	esidence – Street name and	Number) (Circulator	Municipality
	ersonally circulated this recall petition and personally obta					
the	paper with fall knowledge of its content on the date indicate	ated opposite his or hermane. I know their respective re	esidences given. I support this recall pe	tion. I am aware that falsifying	ng this certification is punishable under S.12	2.13(3)(a), Wis. Stats.
	LAN 10 12012	$ 1$ N θ M θ M	No I allowed	4/	Philmh	Official tise Only)
_	(Month) (Day) (Year)		(Signature of Circulator)	\mathcal{M}		200 · //
				1 _	#	
				•		
		•				

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Day)

Return Comm PO Bo

PRINTED NAMES OF ELECTORS						
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RU Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
		Street: C203.5 CTY. 1		ACTown □ Village □ City	01/11/20 <u>12</u>	Email Phone
DAWN VANDERGEEST	Joann Van Dort	City: STRATFORD, WIL	zip:54484	CLEVE LAND	(22)	Email
,		Street:		☐ Town ☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone
		City:	Zip:			Email
		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
		City:	Zip:		1 1	Email
		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
		City:	Zip:	FIR		Email
		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
		City:	Zip:	□ Town	1 /20	Email
	· 	Street:	Zip:	□ Village □ City	/ /20 (Month) (Day) (Year)	Phone (
		City:	Zip.	□ Town	/ /20	Email
		Street:		☐ Village ☐ City	(Month) (Day) (Year)	Phone
		City:	Zip:		, ,	Email
		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
		City:	Zip:			Email
		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
		City:	Zip:	- Ony	(Manual) (Manual)	Email (
		Street:	· · · · · · · · · · · · · · · · · · ·	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone
		City:	Zip:			<u></u>
		on of Circulator	· .	TOWNO)F	
(Name of Circul		(certify): I reside at <u>C2035</u> (Circulator's Res			r Municipality)	Circula Pi

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Comr
PO B
Modia

THE MUNICIPALITY USED FOR MATERIC	TORPOSES, WHEN DIFFERENT THAN MONICH AS	ETT OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NICIPALITY OF RESIDENCE MUST ALWAY,	3 BE LISTED.	TVICE IS
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Mikl Mezesa	Mila Meyen	street: 265 Walnut 5t	Town City BC15/24	(Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
4.		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
5.		City: Zip: Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
6.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
7.		City: Zip: Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email
8.		City: Zip: Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Heidi J. Bloyer	Certification	rtify): I reside at 122 N. Ohla 54	Prairie	lu Chien	Circulators views

Email

(Circulator Municipality)

Circulators, please in

(Month) (Day)

(Name of Circulator)

(Year)

(Signature of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence – Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Month)

(Day)

(Year)

Return

l	Comm
	PO Bo
	Madis

Email

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MI	JNICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.	Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
Patrick Gretzlock	D. 19-00	Street: 917 Donald Street	Town Village Boyceville	12/14/2011	Email Phone
	tatrick Tuylock	City: Boyceville zip: 54725	□ City	(Month) (Day) (Year)	Phone ()
2.	J	Street:	□Town	1 /20	Email
		City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
3.		Street:	□Town	/ /20	Email
		City: Zip:	□ Village □ City	(Month) (Day) (Year)	Phone ()
4.		Street:	□Town	/ /20	Email
		City: Zip:	□ Village □ City	(Month) (Day) (Year)	Phone ()
5.		Street:	☐ Town ☐ Village	/ /20_	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
6.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
7.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
8.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year) Phone	Phone ()
9.		Street:	□ Town □ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
10.		Street:	☐ Town ☐ Village	/ /20	Email
·		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
11. 1. 1.	Certification	of Circulator		of	
Heidi Herron	, (cer	rtify): I reside at 168 W. 6- ST. New A	schmind New Ric	chmond	Cinavlatora I
(Name of Circustreonally circulated this recall petition and personally ob	ulator) otained each of the signatures on this paper. Iknow that	Circulator's Residence – Street name at t the signers are electors of the jurisdiction or district represented by t	he officeholder named in this petition. I know	Municipality) that each person signed	Circulators, please Phone
paper with full knowledge of its content on the date indi	icated opposite his or her name. I know their respective	e residences given. I support this recall petition. I am aware that falsi	rying this certification is punishable under S.12	13(3)(a), Wis. Stats.	<u> </u>

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Com
PO B
Madi

Email

THE MUNICIPALITY USED FOR MATLING	J PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Iviauis
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Wade Simmons	Wack Summe	Street: 450 Brook haven Dr City: Hammund zip: 54015	Town Village City City Control Cont	///2/20/2_ (Month) (Day) (Year)	Email
2.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone (
3.		Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email
4.		Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
5.		City: Zip: Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
SUBAN ST		of Circulator SIL CLOUER tify): I reside at RIVER FALL	RB TOUN	ob Troy	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are elements of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed was recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator Municipality)

(Day) (Month) (Year)

(Name of Circulator)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I supp

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Comm
PO Bo
Madis

Email

PRINTED NAMES OF ELECTORS LATHLEEN M. LITZAT 3.	SIGNATURES OF ELECTORS Kathleen M. Litza	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. Street: LAYTON ERRACE 9300 W. LAYTON AVE - APT A333 City: GREENFIELD LIJ Zip: 53338 Street: City: Zip: Street:	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) Town Village City City Town Village City Town Village	DATE OF SIGNING //2012 (Month) (Day) (Year) //20 (Month) (Day) (Year)	Email Phone (Email Phone (Email))
KATHLEEN M. LITZAT	KathleenM-Litza	Street: Zip: S 3 4 8 Street: Zip: S 5 4 8 Street:	Village Macity City City City City Town Village City Village City Cit	(Month) (Day) (Year) / 20(Month) (Day) (Year)	Phone (Email	
3.		Street: City: Zip: Street:	□ Town U U □ Village □ City □ Town □ Village	(Month) (Day) (Year)	Phone (
			— □ Village	/ /20	Email	
1.		City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
10.	· · · · · · · · · · · · · · · · · · ·	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
SUSAN E. VEIT (Name of Circulat	ator)	of Circulator ify): I reside at Soll So. New Berlin if (Circulator's Residence – Street name at the signers are electors of the jurisdiction or district represented by the signers are electors of the jurisdiction or district represented by the signers are electors of the jurisdiction or district represented by the signers are electors of the jurisdiction or district represented by the signers are electors of the jurisdiction or district represented by the signer is a signer in the signer in the signer is a signer in the signer in the signer in the signer is a signer in the signer in the signer is a signer in the	and Number) (Circulator I	Municipality)	Circulat Ph	tors, ple

(Signature of Circulator)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

1	Сопши
l	PO Box
l	Madiso
_	

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Iviadise
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Chadwick J. Michaud	Carris	Street: W136 x6803 Hale Bark Drive City: Muskego Zip: 57150	□ Town □ Village Muskego ■ City	12/05/20 <u>11</u> (Month) (Day) (Year)	Email Cj.michau Phone (414)5.
2. Colleenmmichand	Clean mi chaul	Street: W136 56803 HalePark DV City: Muskego zip: 53150	Town Uvillage Scity Noskego	12 /05/20 11 (Month) (Day) (Year)	Email Chichauc Phone (414)52
3. PAUL Schultz	Paul Schultz	Street: 26035 So. Windlake Rd. City: Windlake Wis zip: 53185	VITown Village Windlake	////2012 (Month) (Day) (Year)	Email Phone ()
PAUL Schultz 4. Christine Bretzmann	Clate DurA	street: 13860 Jennifer Ct City: New Berlin zip: 53151	Town Village New Berlin	//3/20/2 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
7.	+ ***	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
JASON BRETZMANA (Name of Circu			NEW BERL (Circulator)	Municipality)	Circulators, please

(Signature of Circulator)

(Month)

(Day)

Circulators, please Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective resp

(Day)

(Year)

(Month)

(Signature of Euculator)

Return

Cor	nr
PO	В
Ma	dis
L.	

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Wiadisc
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
Lindal Schultz	Linder LSchool	Street: 26035 So. WIND LAKERA City: WINDLAKE Zip: 53185	Town Village NORWAY City	/ /10/20/2 (Month) (Day) (Year)	Email Phone
LINDAL Schultz 2. Alfred J. Schultz	afred & Shall	Street: 25629 St. Windlake Rd City: Windlake, Wis. Zip: 53185	Stown O City Dolway	///0/2012 (Month) (Day) (Year)	Email Phone
3. Judith A. Schultz	Judith a Schult	Street: 25629 SWINDLAKERA City WindLake Wis, Zip. 53185	TE OF TUCK WAY	//0/20/2 (Month) (Day) (Year)	Email Phone ()
Jayne Wirkus	Jaine Wirkus	Street: 24300 W. LOOMIS Rd Chy: Wino Lake, WI zip: 53185	Town Utiliage City NORWAY	////20 <u>/2</u> (Month) (Day) (Year)	Email Phone ()
5. Ch	·	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ()
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Phone ()
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Paul Schu		of Circulator ify): I reside at 2603550 windles (Circulator's Residence – Street name an	bell Windle (Circulator)	Lec Municipality)	Circulators, please in
ersonally circulated this recall petition and personally ob	tained each of the signatures on this paper. I know that t	the signers are electors of the jurisdiction or district represented by the	e officeholder named in this petition. I know t	that each person signed	Phone (36

Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commit PO Box

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1. ENGENIA MAVROGENIS	Eugenea Navvyonis	Street: 608 N. 104th S.T., City: h) Augusto 5A zip: 53226	□ Town □ Village ☑ City Van we Aosa	1 / 3 / 20 <u>/</u> シ (Month) (Day) (Year)	Email Phone)
2. Maureen T. Blaha	Mauran T. Blaka	Street 2810 N. 72nd St City: Lilwanker zip: 53210	Town Village Milwankee BCity	Ot /03/2012 (Month) (Day) (Year)	Email Phone)
3. Carole, + Fripiat	grob Tripiat	Street: 12109 W. Bluemound City: Halgrenottosa zip:53226	Town Village Waynedian	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email Phone)
4. Ilia Lerner	Julia Jerner	Street: 700 à W LOCUST ST City: Milwaukee Zip:53810	Town Milwakes PCity	(Month) (Day) (Year)	Email Phone)
5. Kathie healig	Valtue Lerby	Street: William 111 City 440 Hilland 210:53213	Town Village City Wax Aox	/3/20/12 (Month) (Day) (Year)	Email Phone)
6. Ani Bonk	AAA	Street: B266 Milwarkel Ave City: NARWATOSA Zip: 53213	Town Utillage City Whatelow	/ /3/20 52 (Month) (Day) (Year)	Email Phone	
tales Law mor	Lacu Lucus	Street: 1623 North 60 City: Way Nutag zip:53705	Town Village GCity Leuvetae JOR	(Month) (Day) (Year)	Email Phone)
8. Torony DR	Georgo Torbos	Street: N. 81 W13519 GOLFWANDR- City: MENONONEE-FOLLSip: 53051	1 E = /3m =	//0/20_/2 (Month) (Day) (Year)	Email Phone)
PESELYNM Shatsitic	Rozersnek	Street: 33 1 N. 7187 City: WANWAT SAA Zip; 532 13	Town Village DR	//0/20/2 (Month) (Day) (Year)	Email Phone ()
Elizabeth Pessefau	gh N	Street: 1862 Ludington Ave City: 6) auwatosa zip: 53226	Town Utillage Cit Wekatree	1 /10/20_12 (Month) (Day) (Year)	Email Phone) .
	Certification of	of Circulator	· · · · · · · · · · · · · · · · · · ·			
Donal F Replace	, (certi	fy): I reside at 2122 N 837 S	a Wayer toe		Cinar-la	tore -lag

Circulators, please in (Circulator Municipality) Phone

(Name of Circulator)

(Circulator's Residence – Street name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respect we residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Ionth)

(Day)

(Year)

Return Commit

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
Ken Millar	Ken Miller	Street: 10514 W. Caldwell A. City: Milwau kno zip: 53225	De Town Of Village City Milwaukee	///23/20_// (Month) (Day) (Year)	Phone (
Matthew Schneider	matt Somoulae	street: W149/18369 Norman Dr City: Menomonsefulls zip: 53051	Town Willage Menomonee City Falls	(1/25/2011 (Month) (Day) (Year)	Phone (
Samatha Holson	Sol	Street: 2588 N Murray Aug City: Milwalcee zip: 5:3211	Town Village Milwakee	11 /2 4/20 11 (Month) (Day) (Year)	Phone (
Amy Krimowicz	any Kimonias	Street: N113 W15751 Montgomery Av		(Month) (Day) (Year)	Email Phone
MATTHEN LESSEL LYON	Mosth Rul for	Street: N92 W17643 White Da	Town Village	(Month) (Day) (Year)	Email Phone
Andrew	and frail	Street: N/63 w/6017 founders In City: German town Zip: 53022	The village / Print on 10Wh	(Month) (Day) (Year)	Phone (202
ZACH COOKEL	Malle	Street: 1249 N. 687457. City: WAUWATOGA Zip: 53213	Town Village WAWWATES A	12/1/2011 (Month) (Day) (Year)	Email Phone
	V	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone

(Signature of Circulator)

Part No. (Official The Only)
#_____

E

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT		
1. Print: Cynthio Warne ke Sign: Cynthio Warnela	Street: 3127 N. 91st St City: Milwaukee zip: 53222	□ Town □ Village □ City Milwan hea (Municipality Name)	12/8/20 <u>11</u> (Month) (Day) (Year)	Email Cynllia h Phone (414)		
2. Print: Jennifer Falk Sign: Jennifer Falk	street: 12540 West Hickory Rd.	Town Village City (Municipality Name)	\2/3\/20_\/\(\(\text{Month}\)\(\(\text{Day}\)\(\text{(Year)}\)	Phone (2102)		
3. Print: Mary to Thompton	Street: 2/55 S. Layton Blud City: Milwankee zip: 53215	Town Village Scity Milwaykee (Municipality Name)	12/31/2011 (Month) (Day) (Year)	Fmail 7 ~ M Phone (4/4)		
Print: Tim C STRUM Sign: SNO C. SKN	Street: 1432 MAW FOUX AVE City South My Tupu Kee Zip: 53177	Town Village SOUTH MILWAUHE Sooth Mr. Whole (Municipality Name)	2011 12/35/2018 (Month) (Day) (Year)	Phone ()		
5. Print: Kathleen R; edel Sign: Printing Risk	Street: 2836 N.38H St City: M. In aux 28 Zip: 53210 Certification of Circulator	Town Village City MILWAUKEE (Municipality Name)	12/31/20 <u>11</u> (Month) (Day) (Year)	Email Weks Bu Phone (414)		
I, Cynthia Warnete	(certify): I reside at 3127 N-91st St	Milwanhee		Circulators		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Day)

(Year)

(Month)

named in this petition. I k	know that each	ch person signed the paper with	i full knowledge of its content of	n the date indicated opposit	te his or her name. I know the	ir respective residences given. I suppo	rt this
recall petition. I am awar	e that falsify	ing this certification is punisha	ble under S.12.13(3)(a), Wis. St	ats.			
January 1	13	/20 /2	Patting A. Com	l.		Page No. (Official Use Only)	! !

(Signature of Circulator)

(Circulator Municipality)

Circulators, Please include your con

Return by Ja

Committee t

PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to

PO Box 2569

THE MUNICIPALITY (JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Robert Kohnen sign: Robert Kohnen	city: 4t. francis zip: \$32.85	□ Town □ Village ➡City St. Francis (Municipality Name)	731 /2011 (Mouth) (Day) (Year)	Phone (723)
Sign: Christopher J. M.	edd 9822 W Cincoln Ave #1 City: West Allis zip: W1	Town Village Great (Municipality Name)	1 /13/2012 (Month) (Day) (Year)	Phone (4,4)
Print:Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
5. Print: Sigu:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
C 145 16 1	Certification of Circulator	i		
1, Cynthia Warnehe (Printed Name of Circulator)	(certify): I reside at 3/27 N. 9/5+5+ (Circulator's Residence – Street Name and Nur	mber) Milwauhee (Circulator Munic	cipality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

Please include your contact in

Retur

Comn

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING DATE OF SIGNING CONTA MUNICIPALITY OF RESIDENCE PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE

		Rural address must also include box or fire no.	(Indicate Town, City, or Village)		
1. Daniel J. BOLAN	Daniel J. Bolan	Street: 8604 W. MAPLE ST.	☐ Town ☐ Village	1 /3 /2012	Email Phone
		City: WegT ALLIS Zip: 53214	ACity West ALLIS	(Month) (Day) (Year)	
2. Alan G. Pearce	Of Illan	Street: 1109 W. BIRCH AVE	Town O Village Deity Milwaukee	1/3/2012	Email
	Cet sier	city: Milwaukee zip: 53209	Deity Milwaukee	(Month) (Day) (Year)	()
3.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
4.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	City	(Month) (Day) (Year)	Phone ()
5.		Street:	□Town	/ /20	Email
		City: Zip:	□ Village □ City	(Month) (Day) (Year)	Phone ()
6.		Street:	□Town	/ /20	Email
		City: Zip:	☐ Village☐ City	(Month) (Day) (Year)	Phone ()
7.		Street:	□ Town	/ /20	Email
			☐ Village ☐ City	(Month) (Day) (Year)	Phone ()
8.			□ Town	/ /20	Email
		Street:	□ Village □ City	(Month) (Day) (Year)	Phone
9.		City: Zip:	□Town	/ /20	Email
		Street:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
10.		City: Zip:	□ Town	1 / /20	Email
		Street:	U Village □ City	/ /20 (Month) (Day) (Year)	Phone
		City: Zip:			
		of Circulator	-T	<i>)</i>	
Jerzld M. Cz (Name of Circu		(Circulator's Residence – Street name a		Municipality)	Circulators, plea
conally circulated this recall netition and nerconally of	stained each of the signatures on this naner. I know that	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsif	he officeholder named in this petition. I know	hat each person signed13(3)(a), Wis. Stats.	From

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janua Committee to Re PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI 5
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: ALICE M. I. ALAIR Sign: Olice M. Rakair	Street: 2003 N. 73 ST. City: WAUWATUSA Zip: 532,3	□ Town □ Village □ City	1 /10/20/2 2 (Month) (Day) (Year)	Phone ()
2. Print: ANGELINE ZAJA Sign: Angeline Zaju	Street: 2828 N. 12451 53222 City: WAYWATOSA Zip: W1	□ Town □ Village ▼City	//0/2013 (Month) (Day) (Year)	Phone ()
Rosemary Bauman Rosemary J. Bauman	Local de	□ Town □ Village ★City WH-UWA-TOSA (Municipality Name)	1 /0 /2012 (Month) (Day) (Year)	Phone ()
4. Print: Mita A. STIKA Sign: Market Stuhr	5770 S. Plaine 53110 Cudahy Zip: 53110	Town village City Cude by (Municipality Name)	/ //3 /20 /3- (Month) (Day) (Year)	Phone ()
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone ()
I, Gail Schowache (Printed Name of Circulator)	Certification of Circulator Certify): I reside at (Circulator's Residence – Street Name and Nu	crst Milw unber) (Circulator Muni	aukee	Circulators, Please include your contac

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite hig or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Strap. Page No. (Official Use Only)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Signature of Circulator)

Retur

Comm PO Bo

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA	
1. THOMAS / Lee MUCCICA 2. Kareh / //	Street: 7893 STICK NEY AUG City: WANGA 755A Zip: 58213	Town City & AUW A 755		Email Tom Tow Phone	
Musile / mull	Street: 2833 Stickey Av., City. Waywatosa zip. 53713	Town Village Walk watersa	// PS/20/_ (Month) (Day) (Year)	Email Karennk Phone ()	
3. Miriam MISWALD Muriam Mueller) mueller misured Misure	Street: 50205.5557107223 53220 City: Granfield Wis zip: 53220	Town Village City Areenfield	/2 /35/20 (Month) (Day) (Year)	Email Phone	
4.	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone ()	
5.	Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)	Email Phone	
6.	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()	
7.	Street: City: Zip:	☐ Town☐ Village☐ City	//20 (Month) (Day) (Year)	Email Phone	
8.	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day). (Year)	Email Phone	
9.	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
10.	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
THOMAS MUELLER (Name of Circulator)	cation of Circulator, (certify): I reside at 7833 571 CV V CY (Circulator's Residence - Street name an	ad Number) WAV WAT	65A Municipality)	Circulators, please	

Phone (4/4)

Email to m

@**~~~**>9